



Docket No.: S0255.0004/P004  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Toshihiko Oda

Application No.: 09/658,879

Art Unit: 2142

Filed: September 8, 2000

Examiner: Beatriz Prieto

For: METHOD AND APPARATUS FOR  
SELECTING A DEVICE AND A  
COMPUTER PRODUCT

STATUS INQUIRY

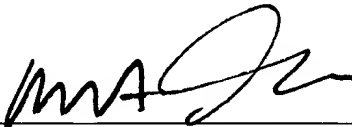
U.S. Patent and Trademark Office  
Customer Window  
Randolph Building  
401 Dulany Street  
Alexandria, VA 22314

Dear Sir:

A Request for Continued Examination was filed in the above-referenced application on July 6, 2004. Copies of the July 6th filing and the date-stamped postcard receipt are enclosed herewith. Favorable action on the application is solicited.

Dated: 6/21/05

Respectfully submitted,

By 

Mark J. Thronson  
Registration No. 33,082  
DICKSTEIN SHAPIRO MORIN &  
OSHINSKY LLP  
2101 L Street NW  
Washington, DC 20037-1526  
(202) 785-9700

Attorneys for Applicant

**Atty Docket No.:** S0255.0004/P004

**Inventor:** Toshihiko Oda

**Application No.:** 09/658,879

**Filing Date:** September 8, 2000

**Title:** A METHOD AND APPARATUS FOR SELECTING A DEVICE AND A  
COMPUTER PRODUCT

**Documents Filed:**

One Month Request for Extension of Time (1 page in duplicate)

Request for Continued Examination Transmittal (1 page in duplicate)

Fee Transmittal (1 page in duplicate)

Payment by credit card. Form PTO-2038 is attached (1 page)

Charge \$880.00 to credit card



**Via:** PTO DAILY RUN

**Sender's Initials:** CSC/cdl

**Date:** July 6, 2004

1/15



Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004		Complete If Known	
Effective 10/01/2003. Patent fees are subject to annual revision.		Application Number	09/658,879
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 8, 2000
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Toshihiko Oda
880.00		Examiner Name	B. Prieto
		Art Unit	2142
		Attorney Docket No.	S0255.0004/P004

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Deposit Account:			
Deposit Account Number	04-1073		
Deposit Account Name	Dickstein Shapiro Morin & Oshinsky LLP		
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments		
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee Code		
Fee (\$)	Fee (\$)		
Fee Description	Fee Paid		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)		0.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims	** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	** =			
Multiple Dependent				

Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202 18	2202 9	Claims in excess of 20			
1201 86	2201 43	Independent claims in excess of 3			
1203 290	2203 145	Multiple dependent claim, if not paid			
1204 86	2204 43	** Reissue independent claims over original patent			
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00			

Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202 18	2202 9	Claims in excess of 20			
1201 86	2201 43	Independent claims in excess of 3			
1203 290	2203 145	Multiple dependent claim, if not paid			
1204 86	2204 43	** Reissue independent claims over original patent			
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00			

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Christopher S. Chow	Registration No. (Attorney/Agent)	46,493
Signature		Telephone	(202) 775-4756
		Date	July 6, 2004

MARK THRONSON #33,082